

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6-16-2014

Street: 6655 W. 550 N.

Incident #: 14ISPC005001

Apt, Lot, Room #:

County: Pulaski County

City: Winamac, IN

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☒ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): shed  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): shed  
☒ Flammable Solvents: shed  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: shed  
☒ Corrosive Base: shed  
☒ Ammonium Nitrate/Sulfate: shed  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☒ Yes 1 (number present)  
☐ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: unknown  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Winamac VFD

Fax: emailed

Health Department County: Pulaski County HD

Fax: emailed

Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Andrew Cochran

Phone 574-546-4900

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.